

# **SPECIAL BULLETIN**

## **Purchase of Medical Care Services N.C. Department of Health and Human Services Office of the Controller**

**JULY 2004**

### **PURCHASE OF MEDICAL CARE SERVICES PAYMENT PROGRAMS**

The information in this bulletin pertains to updates for the following fee-for-service reimbursement programs of the N.C. Department of Health and Human Services:

Adult Cystic Fibrosis Program	HIV Medications Program
Assistive Technology Program	Kidney Program
Cancer Program	Migrant Health Program
Children's Special Health Services (CSHS)	Sickle Cell Program

### **NEW INCOME SCALES**

Attached is a table showing the updated income scales for the programs listed above. These scales are effective for dates of service on and after July 1, 2004. The HIV Medications Program scale was effective April 1, 2004. Please note that the Cancer Program scale is for gross income; the other scales are for net income.

### **CSHS PROGRAM**

The CSHS Program is in the beginning phase of revising the CSHS Governing Rules. Information will be provided to Providers on changes that will impact covered services.

### **HIV PROGRAM**

Payments under the HIV Medications Program are now handled by Catalyst Rx, formerly known as the Pharmacy Network National Corporation (PNNC). Pharmacies should continue to bill electronically to Catalyst Rx using the number 3069-1003 and the client ID number from the patient's Catalyst Rx pharmacy card. If there are any questions about claims within the HIV Medications Program, please contact Catalyst Rx at 1 800 331-7108.

### **SICKLE CELL PROGRAM**

Effective January 27, 2004 through January 26, 2005, the North Carolina Sickle Cell Purchase of Medical Care Services (POMCS) Program will cover one hospital inpatient admission per fiscal year not to exceed seven days for all eligible clients. Providers may submit requests for inpatient services provided on or after January 27, 2004. Approved authorizations for hospital admissions between January 27, 2004 and January 26, 2005 will be covered.

### **PURCHASE OF MEDICAL CARE SERVICES FORMS**

- POMCS has revised some of the following forms. Use of the revised forms will be mandatory effective 10/1/04. Forms are available on the POMCS website at <http://www.dhhs.state.nc.us/control/pomcs/pomcs.htm>  
 DHHS 3014 Financial Eligibility Application - **REVISED**  
 DHHS 3056 Authorization Request - **REVISED**  
 DHHS 3058 Pharmacy Claim - **REVISED**  
 DHHS 3202 Order Form
- POMCS Manuals are available by using the Order Form or calling Jean Koger at (919) 855-3672. The manual summarizes the programs, outlines the payment process and includes copies of forms and reference materials.
- **Tips on Completion of POMCS Forms**
  - Forms should be legible.
  - Required fields must be completed or the application will be returned.
  - Insurance information (including Medicare) must include policy #, policyholder name and claims address. *Forms with incomplete insurance information will be returned.*
  - Alimony and child support must be included as income sources.
  - Financial deductions should be included if needed. The state's reimbursement rate for the cost of transportation for medical care has changed to 37.5 cents per mile. (Cancer Program does not allow deductions.)
  - Terms and conditions on the financial application must be explained to clients.
  - HIV Program authorization request forms:  
 Must include CD4 count and viral load.  
 Forms must be signed by a clinician licensed to prescribe medications in North Carolina, which includes Nurse Practitioners and Physician Assistants.

Submit forms to:      **Purchase of Medical Care Services**  
                                  **DHHS – Controller's Office**  
                                  **1904 Mail Service Center**  
                                  **Raleigh, NC 27699-1904**

- **Computer Generated Forms**

POMCS cannot accept electronically submitted forms but does welcome computer-generated forms that are submitted manually. Providers who are interested in developing a computer-generated form should contact POMCS Provider Relations at (919-855-3651) to ensure that the forms are formatted according to POMCS standards.

**TOLL FREE NUMBERS FOR PATIENT/CLIENT USE**

CARELINE (800-662-7030) – Available to North Carolina citizens to contact any state agency.

Cancer Control Program (866-693-2656) – New toll-free PATIENT access line

CSHS Helpline (800-737-3028) – Patient access line

**FURTHER INFORMATION**

Purchase of Medical Care Services  
DHHS Controller's Office  
1904 Mail Service Center  
Raleigh, NC 27699-1904  
(Fax: 919-715-3848) or call:

Authorization Inquiries	.....	919-855-3701
Claims Inquiries	.....	919-855-3702
Unit Supervisor		919-855-3650
Claims Supervisor	Derrick Stevenson	919-855-3653
Authorization Supervisor	Jenny Seykora	919-855-3652
Provider Relations	Andrea Murphy	919-855-3651

State of North Carolina  
Michael F. Easley, Governor  
Department of Health and Human Services  
Carmen Hooker Odom, Secretary